

AT A GLANCE

UPCOMING DEADLINES

- **NOIA Submission: June 7, 2021, at 12:00 p.m. (noon) ET**
- **Draft 2022 CMS QRDA Category III IG and Schematron for Eligible Clinicians and Eligible Professionals Programs Public Comments: June 17, 2021, at 5:00 p.m. ET**
- **Application Submission: June 28, 2021, at 12:00 p.m. (noon) ET**

EVENT ANNOUNCEMENTS

- **ACO Use of the APP Listening Session**
June 3rd | 1:30–2:30 p.m. ET | [Register here](#)
- **Spring 2021 VLC**
June 10th | 1:00–3:30 p.m. ET | [Register here](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

- [Submit Notice of Intent to Apply by Monday, June 7, 2021](#)
- [Actions Available During the Change Request Cycle Starting June 8, 2021](#)
- [Medicare Enrollment and SNF Star Rating Data Updated in ACO-MS](#)
- [Draft 2022 CMS QRDA III Implementation Guide and Schematron for Eligible Clinicians and Eligible Professionals Programs: Now Accepting Public Comments](#)
- [2021 MIPS Promoting Interoperability Performance Category Hardship Exception and Extreme and Uncontrollable Circumstances Exceptions: Applications Now Open](#)
- [Updated Beneficiary-Facing Voluntary Alignment Fact Sheet: Now Available](#)
- [Repayment Mechanism Arrangements Guidance, Version 10: Now Available](#)
- [Managing Compliance Actions in ACO-MS Tip Sheet: Now Available](#)
- [June CCLF Files](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

Submit Notice of Intent to Apply by Monday, June 7, 2021

CMS is accepting Notices of Intent to Apply (NOIAs) via the [ACO Management System \(ACO-MS\)](#) until **Monday, June 7th, at 12:00 p.m. (noon) Eastern Time (ET)**. A NOIA submission does not bind your organization to submit an application; however, you must submit a NOIA to be eligible to apply for, renew, or early renew your participation in the Shared Savings Program for a January 1, 2022 start date. Each ACO should only submit one NOIA. For more information, review the *How to Submit a NOIA in ACO-MS* tip sheet on the [Application Types & Timeline webpage](#).

After you submit a NOIA, submit your application between June 8th and 12:00 p.m. (noon) ET on June 28th. The Application Types & Timeline webpage contains resources for the January 1, 2022 application cycle, including sample applications and the [Application Toolkit](#), which includes the [Application Reference Manual](#) and several other guidance documents.

Actions Available During the Change Request Cycle Starting June 8, 2021

Beginning June 8th, currently participating ACOs may take the actions described in the *Change Request Cycle for Performance Year Beginning on January 1, 2022* schedule, which can be found in the Program Operational Schedules section of the Knowledge Library tab in [ACO-MS](#). The schedule outlines the deadline dates applicable to the change request cycle. Please note that all dates are subject to change.

Voluntary Election to Maintain Current Participation Level of the BASIC Track

For Performance Year (PY) 2022, CMS is proposing that ACOs participating in the BASIC track's glide path may elect to maintain or "freeze" their participation level in the same level of the BASIC track's glide path that it entered for PY 2021. If finalized, an ACO that elects this advancement deferral option for PY 2023 would be automatically advanced to the level of the BASIC track's glide path in which it would have participated if it had advanced automatically to the next level for PY 2022 (unless the ACO elects to advance more quickly before the start of PY 2023). If an ACO elected to defer advancement in PY 2021 and also elects to defer advancement in PY 2022, it would automatically advance to the level of

the BASIC track's glide path in which it would have participated if it had advanced automatically to the next level for PY 2021 and PY 2022. The election to "freeze" your participation level for PY 2022 is available on your ACO's page under the My ACOs tab in ACO-MS.

In the event that this proposed policy is not finalized and your ACO is required under [42 CFR § 425.600\(a\)\(4\)\(i\)\(B\)\(2\)](#) to advance from Level A or Level B to a two-sided risk model for PY 2022, your ACO will have a limited opportunity to submit a repayment mechanism, resolve any deficiencies, and have it approved in time for the start of the performance year.

ACOs that fail to establish a repayment mechanism that complies with the requirements of [42 CFR § 425.204\(f\)](#) by the deadline specified by CMS would be terminated as required under [42 CFR § 425.600\(a\)\(4\)\(i\)\(B\)\(3\)](#).

Note: The final opportunity to make this election in ACO-MS is September 10th at 12:00 p.m. (noon) ET. Refer to the *Overview of Participation Options in ACO-MS* tip sheet, available in the Program Resources section of the Knowledge Library tab in ACO-MS. Contact your ACO Coordinator for specific information on making this election.

Refer to the [Fiscal Year 2022 Inpatient Prospective Payment Systems/Long-Term Care Hospital Prospective Payment System](#) proposed rule for further details on the proposal. CMS encourages ACOs to review and submit comments on the proposed rule. Public comments on the proposed rule are due June 28, 2021.

Modifications to an ACO's Participant List and/or SNF Affiliate List

ACOs may modify their ACO Participant and/or Skilled Nursing Facility (SNF) Affiliate Lists during the change request cycle for the performance year beginning January 1, 2022. CMS reviews change requests for ACO participant and/or SNF affiliate additions during the established review cycle, which includes CMS feedback and the opportunity for ACOs to correct deficiencies in advance of the upcoming performance year.

Note: The final opportunity for ACOs to submit new change requests to add ACO participants and/or SNF affiliates is during the Phase 1 first request for information (RFI-1) submission period, which ends on August 3rd at 12:00 p.m. (noon) ET. ACOs will have the opportunity to correct deficiencies identified for RFI-1 submissions during the RFI-2 response period; CMS will issue Phase 1 final dispositions after RFI-2.

Participation Options

ACOs may submit a Participation Options change request to:

- Change the ACO's selected beneficiary assignment methodology;
- Voluntarily elect a higher level within the BASIC track's glide path; and
- Select the minimum savings rate (MSR)/minimum loss rate (MLR) for the remainder of the ACO's agreement period (only for ACOs moving from one-sided to two-sided risk).

Note: ACOs that choose to move to a two-sided risk level (Level C, D, or E) on the BASIC track's glide path will need to submit a Participation Options change request to select their MSR/MLR, and ACO-MS will automatically create a task for the ACO to submit draft repayment mechanism documentation.

SNF 3-Day Rule Waiver and/or BIP Applications

During the application cycle, eligible currently participating ACOs may apply for a SNF 3-Day Rule Waiver and/or to establish and operate a Beneficiary Incentive Program (BIP). To apply for a SNF 3-Day Rule Waiver, ACOs must elect to apply for the waiver and must add SNF affiliates **during Phase 1** of the application cycle and **prior to the deadline** to add SNF affiliates **on August 3rd at 12:00 p.m. (noon) ET**. ACOs will then complete the SNF 3-Day Rule Waiver and/or BIP applications **during Phase 2** of the application process. Refer to the *Overview of Participation Options in ACO-MS* tip sheet, available in the Program Resources section of the Knowledge Library tab in ACO-MS.

Additional Resources

Additional resources can be found on the [Program Guidance & Specifications webpage](#), including the updated [ACO Participant List and Participant Agreement Guidance](#), [Skilled Nursing Facility 3-Day Rule Waiver Guidance](#), [Repayment Mechanism Arrangements Guidance](#), and [Beneficiary Incentive Program Guidance](#). CMS has also released updates to the *Submitting Change Requests in ACO-MS* and *Adding ACO Participants & SNF Affiliates in ACO-MS* tip sheets. Both documents are available in the Program Resources section of the Knowledge Library tab in ACO-MS.

Medicare Enrollment and SNF Star Rating Data Updated in ACO-MS

On June 2nd, CMS refreshed the ACO participant and SNF affiliate Medicare enrollment information and SNF affiliate star ratings under the CMS 5-star Quality Rating System in [ACO-MS](#).

For currently participating ACOs that **are not applying for renewal** for a start date of January 1, 2022, **September 10th** is the deadline to rectify the non-enrollment or delete any non-Medicare-enrolled ACO participant(s) and SNF affiliates or rectify the failure to maintain a rating of 3 stars or higher or delete any SNF affiliates with ratings below 3 stars. Failure to do so will result in CMS taking compliance action after September 10, 2021, to remove the ACO participant(s) and/or SNF affiliates from your ACO Participant List and/or SNF Affiliate List.

For currently participating ACOs that **are applying for renewal** for a start date of January 1, 2022, CMS will review proposed ACO participants and SNF affiliates (if applicable) during the application cycle. ACOs can submit a change request that does not initially pass the ACO-MS Provider Enrollment, Chain, and Ownership System (PECOS) checks; however, the proposed ACO participant or SNF affiliate must pass all checks by the final PECOS check date to be approved. Additionally, a SNF affiliate change request will be denied if a SNF affiliate eligible for inclusion in the CMS 5-star Quality Rating System does not have a minimum 3-star rating at the time of CMS' final check.

ACOs may continue to refer to the October 28, 2020 *ACO Spotlight Newsletter* article "Enhanced Medicare Enrollment and SNF Star Rating Functionality in ACO-MS" for instructions and information on how to access and review Medicare enrollment and SNF star rating information in ACO-MS. This article includes actions that ACOs may consider for addressing non-Medicare-enrolled ACO participants and SNF affiliates and SNF affiliates below 3 stars. ACOs may also contact their coordinators with questions regarding Medicare enrollment and SNF star rating updates in ACO-MS.

Draft 2022 CMS QRDA III Implementation Guide and Schematron for Eligible Clinicians and Eligible Professionals Programs: Now Accepting Public Comments

The draft *2022 Centers for Medicare & Medicaid Services (CMS) Quality Reporting Document Architecture (QRDA) Category III Implementation Guide (IG) and Schematron for Eligible Clinicians and Eligible Professionals Programs* are available for public comment now **through June 17th at 5:00 p.m. ET**. The *2022 CMS QRDA III IG* outlines requirements for eligible clinicians and eligible professionals to report electronic clinical quality measures (eCQMs) for the Calendar Year 2022 performance period.

High-Level Changes to the Draft 2022 CMS QRDA III IG for ACOs

Updates from the recently published *2021 CMS QRDA III IG V1.3* to support Merit-based Incentive Payment System (MIPS) Alternative Payment Model (APM) Performance Pathway (APP) have been carried forward to this draft.

Changes to the 2022 CMS QRDA III Schematron

The updated Schematron supports conformance statement updates as outlined in the draft version of the IG.

How to Submit Comments

- Visit the Office of the National Coordinator for Health Information Technology (ONC) Project Tracking System (Jira) QRDA Issue Tracker and use ticket number [QRDA-991](#) to submit public comments.
- You must have a Jira account to submit a comment.
- CMS will accept comments **until 5:00 p.m. ET on June 17th**.

Note: These are draft documents and the contents are subject to change. Content may change based on the final rule and updated measure tables are anticipated post-final rule publication. CMS looks forward to receiving your feedback on the draft *2022 CMS QRDA III IG* and *Schematron*.

Additional QRDA-Related Resources

Find additional QRDA-related resources, as well as current and past implementation guides, on the [Electronic Clinical Quality Improvement \(eCQI\) Tools & Key Resources webpage](#) of the [QRDA website](#). For questions related to this guidance, the QRDA IGs, or Schematrons, visit the [ONC Project Tracking System \(Jira\) QRDA project website](#).

2021 MIPS Promoting Interoperability Performance Category Hardship Exception and Extreme and Uncontrollable Circumstances Exceptions: Applications Now Open

Applications are now open for the [MIPS Promoting Interoperability Performance Category Hardship Exception](#) and [Extreme and Uncontrollable Circumstances Exception](#) for PY 2021. Those interested must submit their applications to CMS by **December 31, 2021**.

Who Is Eligible for a Promoting Interoperability Hardship Exception?

For APM Participants

MIPS-eligible clinicians and groups with MIPS-eligible clinicians participating in a MIPS APM can apply for Promoting Interoperability hardship exceptions and qualify for automatic reweighting. If you are participating as an APM Entity, you will receive the APM Entity's score, but will be excluded from the calculation when CMS creates an average Promoting Interoperability score for the APM Entity.

Who Is Eligible for an Extreme and Uncontrollable Circumstances Exception?

For APM Entities

APM Entities participating in MIPS APMs are also able to submit an Extreme and Uncontrollable Circumstances Exception Application that includes differences from the existing policy for individuals, groups, and virtual groups.

- APM Entities are required to request reweighting for all performance categories.
- Additionally, at least 75 percent of an APM Entity's MIPS-eligible clinicians must qualify for reweighting in the Promoting Interoperability performance category.
- Data submission for an APM Entity will not override performance category reweighting.
- Users must have the Security Official role for their organization to submit an application on behalf of an APM Entity.

How Do I Apply?

In order to apply you must create a Health Care Quality Information System (HCQIS) Access Roles and Profile (HARP) account to submit an Extreme and Uncontrollable Circumstances Application. For more information on how to obtain a HARP account, refer to the *Register for a HARP Account* document in the [Quality Payment Program \(QPP\) Access User Guide](#) zip folder.

- You must have the Security Official role to submit an application on behalf of an entire APM Entity. For more information on how to obtain a Security Official role, refer to the *Connect to an Organization* document in the QPP Access User Guide zip folder.

Once you sign into the [QPP website](#) with your HARP credentials, click "Exceptions Application" on the left-hand navigation and then select "Extreme and Uncontrollable Circumstances" or "Promoting Interoperability Hardship."

How Do I Know If I Am Approved?

If you apply for either exception, you will be notified by email if your request was approved or denied. If approved, this will also be added to your eligibility profile on the QPP Participation Status Tool.

For More Information

Visit the QPP [MIPS Promoting Interoperability Performance Category Hardship Exception webpage](#) and [Extreme and Uncontrollable Circumstances Exception webpage](#) for more information and link to the application.

Download the *2021 MIPS Promoting Interoperability Hardship Exception Application Guide* and the *2021 Extreme and Uncontrollable Circumstances Exception Application Guide*, now available in the [QPP Resource Library](#).

Questions?

If you need additional assistance, contact the QPP Service Center at QPP@cms.hhs.gov or 1-866-288-8292. Customers who are hearing impaired can dial 711 to be connected to a telecommunications relay service (TRS) Communications Assistant.

Updated Beneficiary-Facing Voluntary Alignment Fact Sheet: Now Available

As a result of ongoing changes to [Medicare.gov](#), CMS updated the *Choose Your Primary Clinician on Medicare.gov* voluntary alignment beneficiary fact sheet (available in English and Spanish) to remove the detailed instructions for selecting a primary clinician on MyMedicare.gov previously included in the document. Going forward, CMS' Office of Communications will maintain simplified instructions for choosing a primary clinician, and will update them on an ongoing basis, mirroring changes made to the website, as necessary.

These directions, and the landing page to voluntarily align electronically, are located on the [Find & compare health care providers webpage](#). As a reminder, ACOs can locate the voluntary alignment fact sheets by navigating to the Marketing Toolkit section of the Knowledge Library tab in [ACO-MS](#).

Repayment Mechanism Arrangements Guidance, Version 10: Now Available

The [Repayment Mechanism Arrangements Guidance](#), Version 10 (V10), is now available via the [Program Guidance & Specifications webpage](#). An ACO that participates in two-sided risk is required to establish a repayment mechanism in an amount specified by CMS. CMS encourages ACOs to refer to the guidance and use the templates to ensure the repayment mechanism meets CMS requirements, and that your ACO's repayment mechanism can be reviewed timely and with minimal or no deficiencies.

The *Repayment Mechanism Arrangements Guidance*, V10, includes but is not limited to the following updates that:

- Provide guidance for and encourage ACOs to submit draft repayment mechanism documentation to CMS in Microsoft Word format to assist with the review feedback process. An ACO may receive repayment mechanism review feedback in Microsoft Word format with track changes.
- Provide the repayment mechanism template and sample documentation in fillable Microsoft Word formats:
 - [Appendix A: Escrow Agreement Template](#)
 - [Appendix B: Escrow Agreement Amendment Sample](#)
 - [Appendix C: Letter of Credit Sample](#)
 - [Appendix D: Surety Bond Sample](#)
 - [Appendix E: Repayment Mechanism Documentation Cover Sheet](#)

Note: In [ACO-MS](#), an ACO will have the opportunity to download a pre-populated escrow agreement template, letter of credit sample, and surety bond sample with ACO-specific information within the fillable fields and upload the associated supporting documentation in Microsoft Word format.

An ACO with repayment mechanism questions should click the ACO-MS Helpdesk icon (located within the ACO-MS banner) or contact the Shared Savings Program Mailbox at SharedSavingsProgram@cms.hhs.gov and include the ACO ID and "Repayment Mechanism" within the subject line.

Managing Compliance Actions in ACO-MS Tip Sheet: Now Available

CMS recently updated the *Managing Compliance Actions in ACO-MS* tip sheet. This updated version is now available in the Program Resources section of the Knowledge Library tab in [ACO-MS](#), and includes general information on how to access, review, and respond to compliance actions in ACO-MS.

If you have any questions, please log into ACO-MS and click the Helpdesk icon (located within the ACO-MS banner) or contact the ACO Information Center at SharedSavingsProgram@cms.hhs.gov or 1-888-734-6433 (Option 1).

June CCLF Files

June Claim and Claim Line Feed (CCLF) files for the PY 2021 assignable or prospectively assigned beneficiaries will be available to ACOs on June 16th in the Data Hub tab in [ACO-MS](#).

The June delivery timeline for the CCLF, Exclusion, and Medicare Beneficiary Identifier (MBI) Cross-reference (XREF) files are as follows:

FILE	DELIVERY	FILE NAMING CONVENTION	DATA HUB PY	USER FRIENDLY FILE NAMING CONVENTION
PY 21 Beneficiary Exclusion and MBI XREF files	06/11	P.A****.ACO.MBIY21.Dyymmdd.Thhmsst P.A****.BNEX.Y21.Dyymmdd.Thhmsst	2021	Excluded Beneficiary MBI XREF File delivered in June 2021 (txt) Beneficiary Data Sharing Exclusion File delivered in June 2021 (xml)
PY 21 CCLFs	06/16	P.A****.ACO.ZCY21.Dyymmdd.Thhmsst	2021	CCLF delivered in June 2021 (zip)

ACOs should refer to the *CCLF Information Packet (IP)*, V31, and the *ACO and ACO-OS Data Exchange User Guide (DEUG)*, V11, for additional information on the CCLF and Exclusion files.

The CCLF IP and the DEUG are available under the Program Resources section of the Knowledge Library tab in ACO-MS.

For technical assistance, please contact the ACO Information Center using the ACO-MS Helpdesk icon (located within the ACO-MS banner) or call 1-888-734-6433 (Option 1).

EVENT ANNOUNCEMENTS

Medicare Shared Savings Program Accountable Care Organization (ACO) Use of the Alternative Payment Model Performance Pathway Listening Session — June 3rd

THURSDAY, JUNE 3, 2021, 1:30 P.M.–2:30 P.M. EASTERN TIME

- [Register for our listening session here.](#)
- **Phone number:** +1-415-655-0052
- **Attendee access code:** 627-574-449
- **Audience:** Shared Savings Program ACOs
- **Description:** The Alternative Payment Model Performance Pathway (APP) is a reporting and scoring pathway for Merit-based Incentive Payment System (MIPS) eligible clinicians who participate in MIPS APMs and is required for all Shared Savings Program ACOs. The APP focuses on patient outcomes, reduces the number of measures ACOs report, and aligns the Shared Savings Program quality reporting requirements with the MIPS requirements. During this listening session, CMS seeks your feedback on the following questions:
 - What challenges does your ACO face in reporting the APP? What can we do to promote a successful transition for Shared Savings Program ACOs?
 - How can CMS improve the APP, such as expanding the MIPS quality measures that ACOs could report, for Shared Savings Program ACOs?
 - How can we incent ACOs' use of a fully integrated interoperable health information exchange infrastructure? What is your experience with ACO participant TINs or eligible clinicians reporting eQMs or CQMs to MIPS? How can that experience be used to inform ACO level reporting?
 - What role do specialists play in your ACO? Should performance on specialty measures be incorporated into ACO scoring? What MIPS measures or MVPs should be considered for incorporation into future Shared Savings Program scoring?
 - What other considerations should CMS take into account in improving healthcare outcomes?

Register for the Spring 2021 Virtual Learning Collaboratives Series

Registration is open for the Spring 2021 Virtual Learning Collaborative (VLC) series for ACOs participating in the Shared Savings Program. The Learning System will host virtual, cross-regional meetings to convene ACOs across the country to exchange ideas and collaborate on improvement strategies, such as setting aims, using data to inform improvement, and engaging stakeholders. Event participants will explore these concepts through facilitated discussion and ACO presentations on topics, such as data integration, care coordination, beneficiary and provider engagement, and social determinants of health.

Who Should Attend?

Attendance is limited to ensure all interested ACOs have the opportunity to meaningfully connect with their peers through interactive breakout sessions. CMS invites ACOs to register for the meeting that best aligns with your team’s schedule, and requests you limit your enrollment to three participants per ACO. ACOs should prioritize staff who work on quality and performance improvement initiatives. A waitlist will become available once the event reaches its registration limit.

Please RSVP using the links below. Agendas for the VLCs can be found in the Webinars section of the Knowledge Library tab in [ACO-MS](#).

DATE	TIME	REGISTRATION
June 10 th	1:00–3:30 p.m. ET	Register here by June 3 rd
June 24 th	1:00–3:30 p.m. ET	Register here by June 17 th

CONTACT INFORMATION FOR ACOs

To help ACOs navigate questions regarding the Shared Savings Program.

ACO Information Center

Click the [ACO-MS](#) Helpdesk Icon (located within the ACO-MS banner)

- Program operations and policy inquiries; technical inquiries related to program data and program reports; ACO-MS; and assistance with user access to CMS systems, including password resets
- 1-888-734-6433 (select Option 1) or 1-888-734-6563 (TTY/TTD)

Quality Payment Program Service Center

QPP@cms.hhs.gov

- Inquiries related to MIPS, APMs, MACRA, CAHPS® for ACOs survey, quality measures, quality reporting for 2017 and future years, and CMS Web Interface
- 1-866-288-8292

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